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Date Signature

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Jeffrey L. Young and Stuart V. Holsten

Group Art Unit: 3679

Serial No.: 10/772,977

Examiner: Hewitt

Filed: February 5, 2004

Atty. Dkt. No.: 021840.148US

For: Hose Connection Adapter

Confirmation No.: 5187

RESPONSE TO OFFICE ACTION MAILED JUNE 30, 2004

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This paper is submitted as a response to the office action dated June 30, 2004

("the office action"). Reconsideration of the application is respectfully requested. The

Commissioner is authorized to deduct the required extension fee, and any other fees

necessary for any reason relating to this paper under 37 C.F.R. §§1.16 to 1.21 from Locke

Liddell & Sapp LLP Deposit Account No. 12-1322/021840.148US.

01/07/2005 DJONES1 00000004 121322 10772977

01 FC:1253 1020.00 DA
02 FC:1201 600.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10/772977

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus ** 20	= 0
Independent	* 6	Minus *** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	770

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	0
X43=		OR	X86=	600.00
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	600.00

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	